ग्रामीण क्षेत्रों में डाक्टरों की अनिवार्य तैनाती

2553. **श्री सूर्यभान पाटील वहाडणे :** क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार केन्द्रीय सरकार के अंतर्गत चिकित्सा कालेजों के सफल छात्रों के लिए ग्रामीण क्षेत्रों में न्यूनतम तीन वर्षों तक कार्य करने को अनिवार्य बनाने से संबंधित कोई योजना तैयार कर रही है ;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है ; और

(ग) यदि नहीं, तो ग्रामीण क्षेत्रों में न्यूनतम चिकित्सा सुविधाएं प्रदान करने के लिए इस विकल्प के अनुसार कोई योजना न तैयार करने के क्या कारण हैं ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी) : (क) से (ग) स्वास्थ्य और परिवार कल्याण की केन्द्रीय परिषद जो स्वास्थ्य क्षेत्र में नीतियां निर्माण करने वाला निकाय है, के 8-10 जनवरी, 1997 को हुए पांचवें सम्मेलन में परिषद ने संकल्प किया है कि राज्य ग्रामीण क्षेत्रों में डाक्टरों की रिक्तियां भरने के लिए क्षेत्रीय विकेन्द्रित भर्ती संबंधी नीति शुरू करने तथा 2-3 साल की अनिवार्य ग्रामीण सेवा शुरू करने पर विचार कर सकते हैं । परिषद ने यह भी संकल्प किया था कि स्नातकोत्तर सीटों की प्रतिशतता सेवाकालीन चिकित्सा अधिकारियों के लिए राज्य सरकारों द्वारा आरक्षित की जा सकती है । सेवाकालीन डाक्टरों के लिए स्नातकोत्तर पाठ्यक्रम में शामिल होने के लिए पात्रता शर्त पांच वर्ष की सेवा की जा सकती है जिसमें ग्रामीण क्षेत्रों में 2-3 वर्ष की ग्रामीण सेवा शामिल है । रेगिस्तानी तथा आदिवासी क्षेत्रों में कार्य करने वाले डाक्टरों के मामले में स्नातकोत्तर पाठ्यक्रम में प्रवेश के उद्देश्य से दो वर्ष ग्रामीण सेवा के रूप में गिने जा सकते हैं । नीति को अपनाना राज्य सरकार का उत्तरदायित्व है जिनमें से कुछ ने अपनी स्थानीय आवश्यकताओं के अनुसार इस उपाय को कार्यान्वित करना शुरू किया है ।

Implementation of Health Projects in Orissa

2554. SHRI BHAGABAN MAJHI: Will the PRIME MINISTER be pleased to state:

(a) the name of the health projects taken up in Orissa with the World Bank assistance;

(b) the amount of assistance provided by the World Bank to each of the projects;

(c) the extent to which each of the said projects has been successful; and

(d) the details of the specific steps being taken by Government to expedite implementation of each of the projects?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (d) There are no health sector projects taken up with World Bank assistance exclusively for the State of Orissa. However, Orissa is a participating state in the centrally sponsored World Bank aided Cataract Blindness Control Project, the National AIDS Control Project, the National Leprosy Elimination Project and the Child survival and Safe Mother hood (CSSM) programme. The last mentioned project is funded jointly by the World Bank and the

UNICEF. The funds provided to Orissa under each of these programmes in he Eighth Plan period (1992—97) are given below:

Programme	Funds released (In Rs. lakhs)
I. Cataract Blindness Project	488.58
II. National AIDS Control Project	248.49
III. National Leprosy Elimination Project. (In addition to this anti-leprosy drugs have been supplied free of cost).	1409.28
IV. C.S.S.M. Programme	4549.71

Under Cataract Blindness Project (1994—2001), 7.3 lakhs cataract operations were targetted to be performed during the project period (1994—2001). During the first 3 years of the project, 1,48,012 cataract operations have been performed.

The achievements made under the National AIDS Control Project (1992—1997) are as under:—

(i) State AIDS Cell established;

(ii) 4 Zonal Blood Testing Centres and 45 Blood Banks taken up for modernisation;

(iii) 19 STD Clinics strengthened;

(iv) Surveillance activities with the help of 1 surveillance centre and 1 sentinal site are being monitored;

(v) Awareness campaign launched with the help of Doordarshan, Radio and mass campaigns;

(vi) State Blood Transfusion Council established;

Under Leprosy Elimination Project (1992—1999) the prevalence of the disease in Orissa has reduced from 28.1 per 10,000 population in 1993 to 12.3 per 10,000 population by March, 1997. The achievement for the State during 1996-97 is as under:

Cases detected	42252
Cases treated	42252
Cases disfigured	5357

The target is to eliminate Leprosy by 2000 A.D.

Under CSSM programme, (1992-93 to 1996-97), the achievement of good coverage levels of various antigens under immunisation and various other interventions under CSSM Programme, has resulted in significant reduction in the incidence of Vaccine Preventable Diseases and mortality and morbidity among infants, children and pregnant women. Infant Mortality Rate (IMR) in Orissa State has come down from 124 in 1991 to 103 in 1995 as per SRS (Sample Registration System of Registrar General of India) estimates. The Child (0-4) mortality rate in Orissa has also come down from 39.0 in

1991 to 31.5 in 1994 as per SRS estimates.

These projects are being regularly monitored at the national level to ensure their effectiv implementation.

Out break of Castro-enteritis in Delhi

2555. SHRI IQBAL SINGH: Will the PRIME MINISTER be pleased to state:

(a) whether Government's attention has been drawn to the news-item published in the Tribune dated the 20th June, 1997 under the caption, "Gastro-enteritis grips Delhi";

(b) if so, the details thereof and the reasons therefor, and

(c) what steps are being taken or are proposed to be taken by Government to cope up with the problem being faced in the Capital?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir.

(b) The news report talks about out-break; of water-borne diseases in Delhi. The Government of National Capital Territory of Delhi have informed that the number of reported Gastro-enteritis/cholera cases have shown a declining trend over the last 3 years. Therefore, it cannot be said that Gastro-enteritis has gripped Delhi.

(c) The Government of National Capital Territory of Delhi have chalked out a detailed action plan for treatment and prevention of seasonal diseases including gastro enteritis. Setting up of Oral Rehydration Therapy Centres in the Out Patient Department of all dispensaries and hospitals is the main component of the Action Plan for providing treatment to the patients. The Action Plan also include surveillance and monitoring, supply of Oral Rehydration Salts, adequate supply of potable water, distribution of Chlorine tablets, environmental sanitation, food hygience, health education etc.

Noise pollution as health hazard

2556. DR. MOHAN BABU: Will the PRIME MINISTER be pleased to state:

(a) whether noise pollution is posing health hazards, as revealed by a recent study by the Indian Medical Association;

(b) if so, the measures taken to prevent noise impurities and

(c) the steps proposed to propagate health education in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Government is not aware of any study on noise pollution conducted by the Indian Medical Association. However, studies carried out by the National Institute of Occupational Health, Ahmedabad have indicated that high levels of noise pollution can cause temporary or permanent hearing impairment and psychobehavioural problems.

(b) and (c) Steps taken by the Government to prevent noise pollution and increase public awareness are enumerated in the statement given below

Statement

Steps taken by the Government

Noise has been notified as a pollutant under Air (Prevention and Control of Pollution) Act, 1991. Ambient standards in respect of sound for the different categories of areas (residential, commercial, industrial and silence zones) have been notified